

UTILIZATION OF HCV OUTREACH COORDINATOR AND VIRTUAL HCV CARE BY PHYSICIAN IN AN OPIOID SUBSTITUTION CLINIC AND OVERDOSE PREVENTION SITE TO ENHANCE HCV TESTING AND LINKAGE TO CARE IN PRIORITY POPULATIONS DURING COVID PANDEMIC

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Background:

There remains a high residual burden of untreated chronic HCV infection in priority populations across Canada, particularly in people who inject drugs. More recently, the COVID-19 crisis has negatively impacted the delivery of testing and treatment for HCV-infected patients. Opioid Substitution Treatment (OST) clinics and Overdose Prevention Sites (OPS) present an opportunity to optimize HCV care by leveraging resources and infrastructure to better engage these populations in HCV screening.

Description of model of care:

From 10/2021 – 02/2022, outreach workers offered HCV-Ab point-of-care testing (POCT) to at-risk individuals attending an OST clinic and an OPS location in Toronto, Canada. POCT results were provided to clients after 5 minutes using VIRCAN 5-Minute Rule 1. For all positive POCT individuals, dried blood spot (DBS) samples were further collected for HCV-RNA testing. Liver disease assessment and HCV treatment was provided virtually by a physician at time of testing and/or subsequent follow-up of DBS results.

Effectiveness:

181 clients were screened, with 121 (67%) coming from OST setting.

89/181 (49%) were HCV-Ab positive, with 89/89 completing DBS.

84/89 (94%) were linked to a physician for virtual consultation.

30/89 had detectable virus.

20/30 received HCV treatment (4 awaiting treatment; 6 lost to follow-up or refused treatment).

All treated individuals were from OST setting, with an average time of less than 2 weeks from diagnosis to treatment.

Conclusion(s) and next steps:

Combining HCV screening with access to virtual HCV care by a physician leads to efficient linkage to care (94%, 84/89). Our preliminary data further suggests that linkage to treatment is greater in the OST setting (95%, 20/21) compared to OPS (0%, 0/9). Strategies should focus on screening and access to virtual care in OST settings during the pandemic to reach micro-elimination targets.

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